

White and Odorless, But Deadly Just the Same

It's often called speed, chalk, or meth. In its smoked form, the street names are ice, crank, or glass. Methamphetamine is a synthetic drug derived from amphetamine, originally used in nasal decongestants and bronchial inhalers. In appearance, methamphetamine is a white, odorless, bitter-tasting crystalline powder that dissolves easily in water or alcohol.



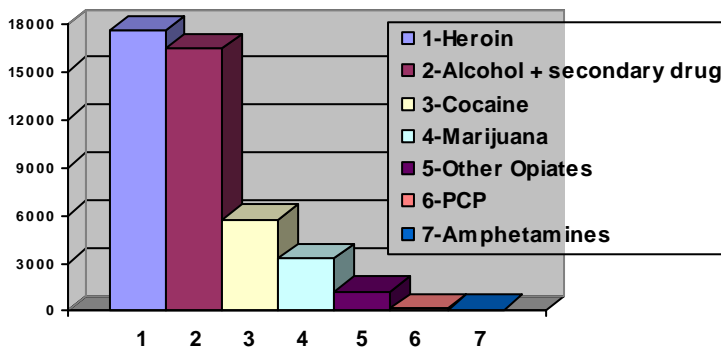
- Meth can be made from inexpensive, easily purchased household items and cold and allergy medicines.
- The manufacture of methamphetamine in clandestine labs poses serious health and environmental concerns.
- Those who “cook” meth expose themselves and others to serious injury or death due to fire, explosion, toxic fumes, and the possibility of asphyxiation.
- The toxic byproducts of meth manufacture are frequently dumped in the soil or poured down the drain resulting in costly environmental damage.

Methamphetamine users experience numerous effects on the central nervous system from even a small amount of methamphetamine. These include: wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, euphoria, irritability, confusion, insomnia, tremors, convulsions, anxiety, paranoia and aggressiveness. In addition, meth users may experience other serious consequences such as violent behavior and psychotic symptoms including paranoia, mood disturbances, auditory hallucinations, and delusions. Suicidal and homicidal thoughts have also been associated with the paranoia resulting from prolonged meth use.

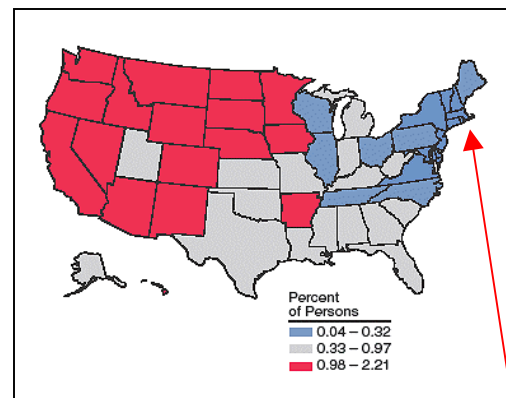
There are a variety of physical symptoms from meth use including offensive body odor, rotting teeth, severe weight loss, scars, and open sores. Meth users may disregard their own personal safety and the safety of others by engaging in high risk sexual activity - increasing the risk of STDs including HIV/AIDS. Chronic meth use has also been associated with lowered resistance to disease and permanent damage to organs such as the lungs, liver, and kidneys.

CT Substance Abuse Treatment Admissions
by Primary Substance of Abuse – 2003

Source: Office of Applied Studies, SAMHSA, Treatment Episode Data Set



Methamphetamine Use in Past Year among Persons
Aged 12 or Older, by State: 2002, 2003, and 2004



Research from the 2002-2004 National Surveys on Drug Use and Health indicates that while past year use rates were highest in the West and Midwest, **methamphetamine rates in Connecticut (less than 0.1 percent) were among the lowest in the nation.** Although current meth use rates are lower than many other substances, Connecticut is taking proactive steps to raise awareness and develop prevention strategies including the establishment of a Statewide Methamphetamine Prevention Task Force, a subcommittee of the CT Coalition for the Advancement of Prevention.

For additional information, contact the DMHAS Prevention Unit at (860) 418-6827 or Connecticut Clearinghouse at 800-232-4424 or www.ctclearinghouse.org.